



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001678636	25 AMERICA'S CUP AVENUE, NEWPORT, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Deborah Secard

Business Name:

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Suite 1350

City or Town: Newport Beach

State: CA

Zip: 92660

Country: USA

Contact Phone: 9497191200 ext:

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Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.